



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at

www.medicaid.alabama.gov.

Anti-infective Agents

Adamantanes
Symmetrel*
All covered generics and OTCs

Amebicides
All covered generics and OTCs

Aminoglycosides
All covered generics and OTCs

Anthelmintics
Mintezol
All covered generics and OTCs

Antifungals
Gris-Peg Mycostatin*
All covered generics and OTCs

Antimalarials/Combos
Daraprim
All covered generics and OTCs

Antituberculosis Agents/Combos
All covered generics and OTCs

Cephalosporins
All covered generics and OTCs

Chloramphenicol
All covered generics and OTCs

Interferons
Infergen Pegasys
All covered generics and OTCs

Macrolides/Combos
All covered generics and OTCs

Miscellaneous Antibacterials/Combos
Cleocin (oral only)*
All covered generics and OTCs

Miscellaneous Antimycobacterials
All covered generics and OTCs

Miscellaneous Antiprotozoals
All covered generics and OTCs

Miscellaneous Antivirals
All covered generics and OTCs

Miscellaneous B-Lactams/Combos
Lorabid
All covered generics and OTCs

Neuraminidase Inhibitors
Relenza[†] Tamiflu[†]
All covered generics and OTCs

Nucleosides and Nucleotides
Valtrex
All covered generics and OTCs

Penicillins/Combos
Amoxil* Augmentin XR
All covered generics and OTCs

Quinolones
All covered generics and OTCs

Sulfonamides/Combos
All covered generics and OTCs

Tetracyclines
Sumycin*
All covered generics and OTCs

Urinary Anti-infectives/Combos
All covered generics and OTCs

Behavioral Health

Alzheimer's Agents
Aricept Exelon
All covered generics and OTCs

Antidepressants
Lexapro Paxil CR*
All covered generics and OTCs

Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate Acting
Dexedrine* Ritalin*
Focalin*
All covered generics and OTCs

Behavioral Health (continued)

Cerebral Stimulants/Agents for ADD/ADHD-Long Acting
Adderall XR Focalin XR
Concerta Vyvanse

Miscellaneous ADHD Agents
All covered generics and OTCs

Sedative/Hypnotics: Barbiturates
All covered generics and OTCs

Sedatives/Hypnotics: Benzodiazepines
Diazepam
All covered generics and OTCs

Misc Anxiolytics/Sedatives/Hypnotics
All covered generics and OTCs

Cardiovascular Health

ACE Inhibitors/Combos
Aceon
All covered generics and OTCs

Angiotensin-II Receptor Antagonists/Combos
Avalide Diovan
Avapro Diovan HCT
Benicar Hyzaar
Benicar HCT Micardis
Cozaar Micardis HCT
All covered generics and OTCs

Alpha-Adrenergic Blocking Agents/Combos
All covered generics and OTCs

Antiarrhythmics
Norpace* Norpace CR*
All covered generics and OTCs

Beta-Blockers/Combos
All covered generics and OTCs

Calcium-Channel Blockers/Combos
DynaCirc CR Exforge
All covered generics and OTCs

Cardiotonics
Lanoxicaps
All covered generics and OTCs

Central Alpha-Agonists/Combos
All covered generics and OTCs

Direct Renin Inhibitors
All covered generics and OTCs

Direct Vasodilators/Combos
All covered generics and OTCs

Diuretics/Combos
All covered generics and OTCs

Miscellaneous Cardiac Drugs
All covered generics and OTCs

Miscellaneous Hypotensive Agents
All covered generics and OTCs

Nitrates/Nitrites
Nitro-Bid
All covered generics and OTCs

Peripheral Adrenergic Inhibitors
All covered generics and OTCs

Platelet-Aggregation Inhibitors/Combos
All covered generics and OTCs

Bile Acid Sequestrants
All covered generics and OTCs

Cholesterol Absorption Inhibitors
All covered generics and OTCs

Fibric Acid Derivatives
All covered generics and OTCs

HMG CoA Reductase Inhibitors/Combos
Crestor Lescol XL
Lescol Simcor
All covered generics and OTCs

Miscellaneous Antilipemic Agents
Niaspan Niaspan
All covered generics and OTCs

Diabetic Agents

Alpha-Glucosidase Inhibitors
Glyset
All covered generics and OTCs

Amylinomimetics
All covered generics and OTCs

Biguanides
All covered generics and OTCs

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
All covered generics and OTCs

Incretin Mimetics
All covered generics and OTCs

Insulins
Humalog Lantus
All covered generics and OTCs

Meglitinides
Starlix
All covered generics and OTCs

Sulfonylureas
All covered generics and OTCs

Thiazolidinediones
Actos Avandia
All covered generics and OTCs

Antidiabetic Combination Agents
Avandaryl Avandamet
All covered generics and OTCs

EENT Preparations

Antiallergic Agents
Optivar Patanase
Pataday Patanol
All covered generics and OTCs

Intranasal Corticosteroids
Beconase AQ Nasonex
Nasacort AQ Veramyst
All covered generics and OTCs

Vasoconstrictors
Tyline
All covered generics and OTCs

Gastrointestinal Agents

Antiemetics
All covered generics and OTCs

Proton-pump Inhibitors/Combos
Aciphex Zegerid
All covered generics and OTCs
(generic pantoprazole requires a PA)

Pain Management/Autonomic Agents

Narcotic Analgesics
All covered generics and OTCs

Opiate Partial Agonists
All covered generics and OTCs

Selective Serotonin Agonists
Amerge Relpax
Maxalt Treximet
Maxalt MLT
All covered generics and OTCs

Skeletal Muscle Relaxants
All covered generics and OTCs
(generic carisoprodol products require a PA)

Respiratory

Inhaled Corticosteroids/Combos
Advair Diskus Azmacort
Advair HFA Flovent HFA
Aerobid Qvar
Aerobid-M Symbicort
Asmanex Twisthaler
All covered generics and OTCs

Respiratory (continued)

Inhaled Antimuscarinics/Antispasmodics
Atrovent HFA Spiriva
All covered generics and OTCs

Leukotriene Modifiers
Accolate Singular
All covered generics and OTCs

Mast-cell Stabilizers
All covered generics and OTCs

Smooth Muscle Relaxants/Combos
All covered generics and OTCs

Beta-Adrenergic Agonists/Combos
Alupent* Proventil HFA
Combivent Serevent Diskus
Foradil Ventolin HFA
Maxair Autohaler Xopenex HFA
ProAir HFA
All covered generics and OTCs

Skin and Mucous Membrane Agents

Antibacterials
MetroGel-Vaginal*
All covered generics and OTCs

Antivirals
Zovirax
All covered generics and OTCs

Antifungals
All covered generics and OTCs

Scabicides and Pediculicides
Eurax
All covered generics and OTCs
(generic lindane requires a PA)

Miscellaneous Local Anti-infectives
PhisoHex
All covered generics and OTCs

Anti-inflammatory Agents
Capex Shampoo
Derma-Smoother/FS
All covered generics and OTCs

Antipruritics and Local Anesthetics
All covered generics and OTCs

Astringents
All covered generics and OTCs

Keratolytics
All covered generics and OTCs

Keratoplastics
All covered generics and OTCs

Misc Skin and Mucous Membrane Agents
All covered generics and OTCs

Women's Health

Estrogens
Cenestin
Menest
Premarin (tabs only)
All covered generics and OTCs

[†]Denotes the product will be preferred during the defined flu season (October 1 – April 30 unless otherwise specified).